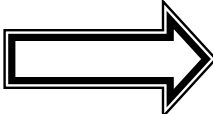
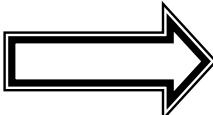
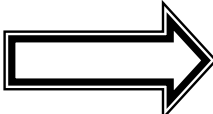
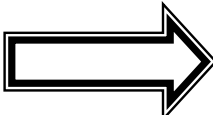


# Occupational Health Services Project

## Vision Document

	FROM... Where we are today:		TO... Where we want to be:
<b>Access</b>	<ul style="list-style-type: none"> <li>Workers choose their doctor</li> </ul>		<ul style="list-style-type: none"> <li>Workers choose their doctor</li> </ul>
<b>High Quality Occupational Health Care</b>	<ul style="list-style-type: none"> <li>Q/A lacks emphasis on work related conditions</li> <li>Limited ability to influence quality of care</li> <li>Mentoring is an undeveloped strategy, but of interest to physicians</li> <li>Specialized resources are limited</li> <li>Imperfect knowledge about how to care for injured workers</li> <li>Limited interest in work related disorders</li> </ul>		<ul style="list-style-type: none"> <li>Q/A mechanisms such as case review</li> <li>Referral protocols to facilitate rapid access to appropriate services</li> <li>Community physician mentoring and training</li> <li>Processes for clinical information management and communication</li> <li>Ready access to latest occupational health information, resources, care pathways and clinical experts</li> <li>Enhanced community physician expertise</li> <li>Provider feedback on outcomes/satisfaction</li> </ul>
<b>Services</b>	<ul style="list-style-type: none"> <li>No incentives for local physicians to provide case management</li> <li>No community-wide disability prevention</li> <li>Delivery system is not organized to prevent long-term disability</li> <li>Physicians unaware of when worker is at risk for long-term disability</li> <li>Limited injury prevention</li> <li>Services are focused on non-occupational conditions with limited RTW planning</li> </ul>		<ul style="list-style-type: none"> <li>Same day care for acute occupational conditions</li> <li>Case management involving workplace</li> <li>Community-based prevention</li> <li>Injury prevention</li> <li>Disability prevention</li> <li>Return to work services</li> <li>Efficient and effective occupational care</li> <li>Intensity of services consistent with outcome</li> </ul>
<b>System Organization</b>	<ul style="list-style-type: none"> <li>No incentives to involve employer in the worker's recovery or reduce disability</li> <li>No forum for business and labor to problem-solve with local physicians, workers and employers</li> <li>Do not capture outcomes or consumer satisfaction data</li> <li>Do not use data for continuous improvement of care delivery</li> </ul>		<ul style="list-style-type: none"> <li>Improved coordination of all parties</li> <li>Business &amp; Labor oversight committee</li> <li>Improved communication and information processes between COHEs and providers</li> <li>Better communication with L&amp;I claim managers</li> <li>Incentives that encourage provider participation</li> <li>Outcomes and satisfaction tracking to improve quality and service</li> </ul>